					PTO/SB/05 (4/98)		
Please type a plus sign (+) inside this box \Rightarrow + Approved for use through 09/30/2000. OMB 065 Patent and Trademark Office: U.S. DEPARTMENT OF COMI Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control in							
	UTILITY	Attorn	ney Docket No.	UNIV0001C			
	PATENT APPLICATION TRANSMITTAL	First Inventor or Application Identifier Donoho et al.					
		Title	Method and Apparatus for Computed Relevance				

TRANSMITTAL	ethod and Apparatus for Computed Relevance					
	Mail Label No. EL540887070US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231					
1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an onginal and a duplicate for fee processing) 2. X Specification [Total Pages] 282] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets] 2] 4. Oath or Declaration [Total Pages] 2] a. Newly executed (original or copy) b. X Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) 1. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). **NOTE FOR ITEMS 1 § 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS REQUIRED (37 C.F.R. § 1.27), EXCEPT	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. Computer Readable Copy b. Paper Copy (Identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement X Power of (when there is an assignee) X Attorney 9. English Translation Document (If applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
16. If a CONTINUING APPLICATION, check appropriate box, and sup X Continuation Divisional Continuation-in-part (CIP Pnor application information. Examiner J. CARDONE For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of under Box 4b, is considered a part of the disclosure of the accompanyir reference. The incorporation can only be relied upon when a portion ha 17. CORRESPONDEN X Customer Number or Bar Code Label (Insert Customer No. or Attact Name Address City State	of prior application No: 09					
Country Telephone	Fax					
Name (Pnnt/Type) Michael A. Glenn	Registration No. (Attorney/Agent) 30,176					
Signature	Date 2/12/01					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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Patent fees are subject to an	nual revision	First Named Inventor	Donoho et al.
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12		Examiner Name	Unassigned
See 37 C F R §§ 1 27	37 C F R §§ 1 27 and 1 28	Group / Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$) 395.00	Attorney Docket No.	UNIV0001C

METHOD OF PAYME	ENT (check one)				FI	E CALCULA	TION (cor	ntinued)	
1. X The Commissioner is here indicated fees and credit a	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Pee Fee Fee Fee								
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Deposit Account Michael Glenn		127	50	227	25	Surcharge - late p cover sheet.	•		
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	Charge Any Additional Fee Required Under 37 CFR §§ 1 16 and 1 17		2,520	147		For filing a reques			
2. Payment Enclosed:			920*		920*	Requesting public Examiner action			
	oney Other	113	1,840*	113	1,840	Requesting public Examiner action			
FEE CALCUL	ATION	115	110	215	55	Extension for rep			
		116	380	216	190	Extension for rep	ly within seco	ond month	
1. BASIC FILING FEE Large Entity Small Entity		117	870	217	435	Extension for rep	ly within third	d month	
	escription	118	1,360	218	680	Extension for rep	ly within four	th month	
Code (\$) Code (\$)	Fee Paid	128	1,850	228	925	Extension for rep	ly within fifth	month	
101 760 201 380 Utility fili	333.00	119	300	219	150	Notice of Appeal			
106 310 206 155 Design fi	 	120	300		150	Filing a brief in su	apport of an a	appeal	
107 480 207 240 Plant filir	ng fee	121	260	221		Request for oral f	hearing		
108 760 208 380 Reissue	, , ,		1,510	138		Petition to institut	e a public us	e proceeding	
114 150 214 75 Provision	nal filing fee	140	110	240	55	Petition to revive	•		
SUBTOTAL	(1) (\$) 355.00		1,210		605	Petition to revive			
2. EXTRA CLAIM FEES		142	1,210	242	605	Utility issue fee (d	or reissue)		
Extra Clain	Fee from nsbelow Fee Paid	143	430	243	215	Design issue fee			
Total Claims 16 -20** = 0	x 9 = 0.00	144	580	244	290	Plant issue fee			
Independent 4 - 3** = 1	× 40 = 40.00	122	130	122	130	Petitions to the C	ommissioner	-	
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	e Description	581	40	581	40	Recording each p			0.00
Code (\$) Code (\$) 103 18 203 9 Claims in	n excess of 20	146	760	246	380	property (times n Filing a submission	on after final		0.00
102 78 202 39 Independ	dent claims in excess of 3	149	760	249	380	(37 ČFR § 1.129) For each addition	. ,,	to bo	
i '	dependent claim, if not paid	1.73	, 55	4-10	300	examined (37 CF			
	ue independent claims riginal patent	Other	fee (sp	ecify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			Other fee (specify)						
SUBTOTAL (Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00						00		
SUBMITTED BY						Complete (ii	f applicable)		
Name (PrintiType) Michael Gle	enn		Registi (Attorne			0,176		650-474-8	400
Signature							Date	2/12/01	

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